

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	POWER ASSISTANCE DEVICE FOR AN ULTRASONIC VIBRATION DENTAL HANDPIECE
Attorney Docket Number::	05021001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: DOMINIQUE
Middle Name::
Family Name:: MARIAULLE
City of Residence:: LE HAILLAN
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 12, RUE DES GENETS

City of Mailing Address:: LE HAILLAN
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33185

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: XAVIER
Middle Name::
Family Name:: CAPET
City of Residence:: CESTAT GAZINET
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 4, ALLEE DU ROUQUET

City of Mailing Address:: CESTAT GAZINET
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33610

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: FRANCE
 Status:: Full Capacity
 Given Name:: PASCAL
 Middle Name::
 Family Name:: CABRIGNAC
 City of Residence:: MERIGNAC
 State or Province of Residence::
 Country of Residence:: FRANCE
 Street of Mailing Address:: 28, RUE BIR-HAKEIM

City of Mailing Address:: MERIGNAC
 State or Province of Mailing Address::
 Country of Mailing Address:: FRANCE
 Postal or Zip Code of Mailing Address:: 33700

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR00/01932	7/5/00